

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 MAR 31 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000050814

1. Corporation Name

EASTCOAST PALMS INC.

800003203878 DDT 5  
04/11/00 0102  
\*\*\*300.00 \*\*\*300.00

2. Principal Office Address

1816 Westwood Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2798

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32940

Country

U.S.

City & State

LA Belle, FL

Zip

33975

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

6/98

5. FEI Number

65-0839430

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD PEACOCK

Street Address (P.O. Box Number is Not Acceptable)

1816 Westwood Blvd.

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32940

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Richard Peacock

REGISTERED AGENT MUST SIGN

Date 3/28/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of  
Officers and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

PRES. RICHARD PEACOCK 1816 Westwood Blvd. Melbourne, FL 32940

SEC. TERRELL SKIPPER P.O. Box 2798 LA Belle, FL 33975

LS

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Richard Peacock RICHARD PEACOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

863-675-4844

Daytime Phone #

CR2E081 (9/99)

FROM : EAST COAST PALMS

PHONE NO. : 4077296455

MAR. 15 2000 09:50AM

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# East Coast Palms Inc.

7777 N. Wickham Road #12-222

Melbourne, FL 32940

Pager # 372-1102

March 14, 2000

To Whom it May Concern:

I called your Department to check on this Revocation and they told me my forms had been returned twice so I am trying to get this cleared up.

Thank You  
Pam Johnson  
941-675-4844